

EXHIBIT A-4

DOCUMENT REDACTED

Northwest Hospital Center

RTI Info	Patient	Guarantor	Visit
Next of Kin	Employer	Insurance	View All

RTI Information
Chief Complaint: SOB/CONGESTED AND WHEEZING Patient Account #: 0936475054238 Document #: 142474019582 Patient Name: CRYSTAL LONG
Patient
Patient Account #: 0936475054238 Document #: 142474019582 Patient Name: CRYSTAL LONG Patient Address 1: 5126 SEKOTS RD Address 2: City/State/Zip: BALTIMORE, MD 21207 Phone - Home: 4436273774 Phone - Business: 4103793822 Patient SSN: [REDACTED] 7505 Date of Birth: 05/01/1985 Sex: F Marital Status: S Patient Student Status: Admit Date/Time: 08/26/2014 18:23
Guarantor
Guar. Relationship: SELF Guar. Name: CRYSTAL LONG Guar. Address1: 5126 SEKOTS RD Address2: City/State/Zip: BALTIMORE, MD 21207 Guar. Home Phone: 4436273774 Guar. Business Phone: Guar. SSN: [REDACTED] 7505 Guarantor DOB: 05/01/1985 Guar. Sex: F Guar. Employer Name: Guar. Employer Address1: Address 2: City/State/Zip: , Guar. Employer Phone:
Visit
Chief Complaint: SOB/CONGESTED AND WHEEZING

Location Code: ECWR Facility Code: Admit Date/Time: 08/26/2014 18:23 Mode of Arrival: 9 Triage Time: Physician Time: Discharge Date/Time: 08/26/2014 21:02 Was Patient Admitted: Was Patient Prev.Admitted: Previous ER Visit: Discharge Disposition: AA Discharge to Location:
Next of Kin
Name: JULIA LONG Type: Relationship: SIBLING Address1: Address2: City/State/Zip: , Home Phone: 2408389258 Business Phone: SSN: DOB: Sex: Marital Status:
Employer
Company ID: Company Name: DEPT OF CORRECTIONS Company Address1: Address 2: City/State/Zip: , Company Contact Person: Company Phone: 4103793822